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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT										
Firm Name				- · · · · · · · · · · · · · · · · · · ·		•				
	Law Office of David McEwing PC									
Signature	Signature									
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Signature D U										
Typed or printed name David McEwing			<u> </u>					Date	July 28,2005	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an epplication. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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JUL 2 8 2006

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> 550 WESTCOTT SUITE 350 HOUSTON, TEXAS 77007 BY APPOINTMENT

July 28, 2006

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

Re:

10/540,999

Endovascular Balloon Graft

Filed June 28, 2005 Hesham Morsi

## Dear Commissioner:

A request for Withdrawal as Attorney and Change of Correspondence Address was filed July 19, 2006. The stated reason was lack of communication from the client inventor. The inventor has now been in contact with my office and changed mailing addresses and email addresses have been exchanged.

It is requested that the original request for withdrawal as attorney be revoked. Your cooperation in this matter is appreciated.

Sincerely

David McEwing